

UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF MICHIGAN**FILED - GR**

July 1, 2024 2:36 PM

CLERK OF COURT

U.S. DISTRICT COURT

WESTERN DISTRICT OF MICHIGAN

BY: MKC SCANNED BY: *h 7-2***1:24-cv-680****Phillip J. Green****U.S. Magistrate Judge***KEENAN BAILEY WILHITE #779594*

(Enter above the full name of the plaintiff(s), including prisoner number, in this action. If you cannot list all plaintiffs in the space provided, please write "see attached" and list all names on an additional page.)

v.

*ERIN PARR-MIRZA, JULIANA MARTINO,  
ANGELA JOSEPH, WELUPATH SERVICES, KIM FARRIS*

(Enter above the full name of the defendant(s) in this action. If you cannot list all defendants in the space provided, please write "see attached" and list all names on an additional page.)

**COMPLAINT**

(Print Clearly)

**I. Previous Lawsuits**

**CAUTION:** The Prison Litigation Reform Act has resulted in substantial changes in the ability of incarcerated individuals to initiate lawsuits in federal courts without prepayment of the civil action filing fee. Accurate and complete responses are required concerning your litigation history. Generally, a plaintiff's failure to accurately and completely answer the questions set forth below will result in denial of the privilege of proceeding *in forma pauperis* and require you to pay the entire \$402.00 filing fee regardless of whether your complaint is dismissed.

- A. Have you ever filed a lawsuit while incarcerated or detained in any prison or jail facility? Yes ☐ No ☒
- B. If your answer to question A was yes, for each lawsuit you have filed you must answer questions 1 through 5 below. Attach additional sheets as necessary to answer questions 1 through 5 below with regard to each lawsuit.
1. Identify the court in which the lawsuit was filed. If it was a state court, identify the county in which the suit was filed. If the lawsuit was filed in federal court, identify the district within which the lawsuit was filed.  
\_\_\_\_\_
  2. Is the action still pending? Yes ☐ No ☐
    - a. If your answer was no, state precisely how the action was resolved: \_\_\_\_\_
  3. Did you appeal the decision? Yes ☐ No ☐
  4. Is the appeal still pending? Yes ☐ No ☐
    - a. If not pending, what was the decision on appeal? \_\_\_\_\_
  5. Was the previous lawsuit based upon the same or similar facts asserted in this lawsuit? Yes ☐ No ☐
    - a. If so, explain: \_\_\_\_\_

## II. Parties

## A. Plaintiff(s)

Enter your name, place of confinement, address, and place of confinement during the events described in the complaint in the blanks below. Provide the same information for any additional plaintiffs. Attach extra sheets as necessary.

Name of Plaintiff KEENAN BAILEY WILHITE #779594

Place of Present Confinement IONIA CORRECTIONAL FACILITY

Address 1576 W. BLUEWATER HWY, IONIA, MI, 48846-8594

Place of Confinement During Events Described in Complaint (MRF) MACOMB CORRECTIONAL

## B. Defendant(s)

Complete the information requested below for each defendant in this action, including whether you are suing each defendant in an official and/or personal capacity. Provide the same information for each additional defendant. If there are more than six defendants attach extra sheets as necessary.

Name of Defendant #1 ERIN PARIL-MIRZA

Position or Title (HUM) HEALTH UNIT MANAGER

Place of Employment (MRF) MACOMB CORRECTIONAL

Address 34625 26 MILE RD, LENOX TWP, MI, 48048

Official and/or personal capacity? \_\_\_\_\_

Name of Defendant #2 JULIANA MARTINO

Position or Title (NP) NURSE PRACTITIONER

Place of Employment (MRF) MACOMB CORRECTIONAL

Address 34625 26 MILE RD, LENOX TWP, MI, 48048

Official and/or personal capacity? \_\_\_\_\_

Name of Defendant #3 ANGELA JOSEPH

Position or Title (MD)

Place of Employment (MRF) MACOMB CORRECTIONAL

Address 34625 26 MILE RD, LENOX TWP, MI, 48048

Official and/or personal capacity? \_\_\_\_\_

Name of Defendant #4 WELLPATH SERVICES

Position or Title HEALTH CARE PROVIDER

Place of Employment ~~34625 26 MILE RD, LENOX TWP, MI, 48048~~ (MRF) MACOMB FACILITY

Address 34625 26 MILE RD, LENOX TWP, MI, 48048

Official and/or personal capacity? \_\_\_\_\_

Name of Defendant #5 KIM FARRIS

Position or Title (PA)

Place of Employment (MRF) MACOMB CORRECTIONAL

Address 34625 26 MILE RD, LENOX TWP, MI, 48048

Official and/or personal capacity? \_\_\_\_\_



## III. Statement of Claim

State here the **facts** of your case. Describe how each defendant is personally involved. Include also the names of other persons involved, dates and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. **Do not include unrelated claims.** Use as much space as you need. Attach extra sheets if necessary.

I BROKE MY HAND ON 4/17/23 AND WAS TOOKEN TO MRF HEALTH CARE WHICH THEY SENT ME TO HENRY FORDS HOSPITAL IN MACOMB THEY TRIED TO POP IT BACK IN PLACE WHICH THEY FAILED THEN A WEEK LATER HEALTH CARE SENT BACK TO THE SAME HOSPITAL WHICH THIS TIME I WAS PUT TO SLEEP TO TRY AND PERFORM CLOSE HAND SURGERY TO POP IT BACK IN PLACE WHICH THEY FAILED "AGAIN" THEN THEY SENT A PAPER BACK WITH ME TO BRING TO MRF'S HEALTH CARE STATING I NEEDED TO FOLLOW UP WITH A HAND SURGEON ASAP TO HAVE OPEN HAND SURGERY MRF HEALTH CARE FAILED TO SET ME UP FOR SURGERY I SENT MULTIPLE LINES COMPLAINING ABOUT NEEDED SURGERY I TALKED TO DEFENDENTS JULIANA MARTINO AND ANGELA JOSEPH ON MULTIPLE OCCASIONS AND WAS TOLD MY INJURIES WERENT THAT SERIOUS AND THEY WERE THE PROFESSIONALS AND KNEW WHAT THEY WAS TALKING BOIT AND EVEN "IF" THEY WANTED TO DO SOMETHING THEIR BOSS DEFEDENT ERIN PARR-MURZA ALREADY LOOKED AT MY CASE LOAD AND MADE A DECISION THAT MY HEALTH NEEDS WERE TAKING CARE OF WHICH WAS A LIE CAUSE IF YOU SEEN THE XRAYS YOU COULD SEE I NEEDED FURTHER TREATMENT I THEN WAS CALLED OUT TO SPEAK WITH DEFENDENT KIM FARRELS THE "PA" OF THE PRISON AND SHE TOO SAID "IT AINT LOOK THAT BAD" AND ALSO WENT ON TO SAY "I NEED TO MAN UP IT'LL BE OK" THIS RIGHT HERE SHOWS THE DELIBERATE INDIFFERENCE TO MY MEDICAL NEEDS AND AFTER ALL THE LINES AND HOSPITAL VISITS THEY WAITED "7 WEEKS" TO ~~FOR~~ GET ME TO SURGERY THATS ENOUGH TIME FOR A BROKEN BONE TO HEAL IMPROPERLY I HAVE ALL MY MEDICAL RECORDS TO SHOW AND PROVE MY CLAIM WELLPATH IS INVOLVED BECAUSE THIS IS THE PROVIDER OF THE DEFEDENTS

IV. Relief

State briefly and precisely what you want the court to do for you.

I WOULD LIKE TO OBTAIN SOME TYPE OF FINANCIAL COMPENSATION  
AND I WOULD LIKE FOR THE PARTIES INVOLVED TO BE HELD  
ACCOUNTABLE FOR THEIR ACTIONS SO THIS WON'T HAPPEN AGAIN  
TO ANYONE ELSE

V. Notice to Plaintiff Regarding Consent

In accordance with the provisions of 28 U.S.C. § 636(c) and Federal Rule of Civil Procedure 73, you are hereby notified that the United States magistrate judges of this district court may, upon your consent, conduct any or all proceedings in this case, including a jury trial and entry of a final judgment. If you consent, any appeal from a judgment entered by a magistrate judge shall be taken directly to the United States Court of Appeals for this judicial circuit in the same manner as an appeal from any other judgment of a district court.

Magistrate judges have greater flexibility in their schedules than district judges, who have heavy criminal caseloads that take priority over civil trials. Accordingly, the magistrate judges are generally able to schedule prisoner civil rights cases for jury trial much sooner, and they are able to provide firm trial dates. Magistrate judges are experienced trial judges who handle a great number of prisoner civil rights cases.

Your decision to consent to the dispositive jurisdiction of a United States magistrate is entirely voluntary. If you do not consent to a magistrate judge, the case will be randomly assigned to a district judge. The magistrate judge already assigned to this case would continue to decide all pretrial matters and would handle all dispositive motions by report and recommendation.

Please check **ONE** box below to indicate whether you voluntarily consent to proceed with a United States magistrate judge or if you would instead prefer that the case be assigned to a district judge.

☒ I hereby voluntarily consent to the United States magistrate judge conducting all proceedings in this case, including entry of a final judgment and all post-judgment matters.

☐ I request that this case be assigned to a district judge.

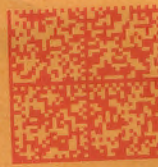
06/25/24  
Date

[Signature]  
Signature of Plaintiff

**NOTICE TO PLAINTIFF(S)**

The failure of a *pro se* litigant to keep the court apprised of an address change may be considered cause for dismissal.



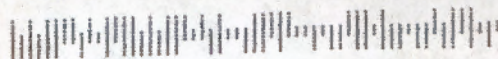


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STRICT COURT  
ERAL BUILDING  
IGAN ST., NW  
RAPIDS, MI, 49503





KEENAN WILHITE #779599  
1576 BLUEWATER HIGHWAY  
IONIA, MI, 48846

U.S. DIS  
399 FED  
110 MICA  
GRAND